



**Quarterly Contractor Performance Improvement
Activity Report**

Quarter 3 Fiscal Year 2008

INTRODUCTION

The Quarterly Contractor Open Performance Improvement Initiatives Report includes the following performance standards:

- Access to Care
- Coordination of Care
- Appropriateness of Services
- Sufficiency of Assessments
- Access to Care, 7 Day Standard data is presented for the Tribal Regional Behavioral Health Authorities (TRBHAs).

Data is collected from the Regional Behavioral Health Authorities (RBHA)'s by Geographic Service Area (GSA), adult and child populations to measure these performance standards.

The following table represents each Regional Behavioral Health Authority (RBHA)'s Quarter 3, Fiscal Year 2008 (Q308) performance on these indicators along with statewide results.

RBHA	Access to Care 7 Day		Access to Care 23 Day		Coordination of Care 1 (Referral)		Coordination of Care 2 (Communication)		Appropriateness of Services		Sufficiency of Assessments	
	MPS: 85%		MPS: 85%		MPS: 80%		MPS: 70%		MPS: 85%		MPS: 85%	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
CBH AZ 2	93%	99%	97%	94%	50%	0%	92%	83%	61%	54%	99%	99%
CBH AZ 4	99%	100%	82%	82%	50%	50%	44%	43%	79%	46%	99%	99%
CPSA 3	99%	97%	91%	88%	NA	70%	45%	46%	89%	67%	99%	99%
CPSA 5	96%	98%	85%	76%	40%	18%	58%	72%	42%	67%	99%	99%
Magellan	83%	89%	69%	89%	33%	27%	80%	38%	33%	47%	90%	90%
NARBHA	99%	98%	85%	87%	58%	79%	66%	69%	72%	68%	98%	98%
SW RBHA	89%	93%	82%	85%	46%	41%	64%	58%	63%	62%	97%	97%
Gila River	96%	98%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pascua Yaqui	75%	46%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SW TRBHA	94%	77%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please note that due to the methodology in calculating the Access to Care 23 Day Standard, data for Magellan is representative of Q208 data only

ACCESS TO CARE

Performance on the Access to Care standard is analyzed on two comprehensive areas of service:

1. Access to Care 7-Day: Measures the percentage of referrals that meet the requirement of appointment availability within 7 days of referral for the total referrals reviewed. The minimum performance score (MPS) is 85 percent.

DATA SOURCE

Monthly RBHA Referral Logs.

2. Access to Care 23-Day: Measures the percentage of clients that received a mental health service within 23 days of initial assessment. The minimum performance score (MPS) is 85 percent.

DATA SOURCE

ADHS/DBHS Client Information System (CIS) data.

7-DAY STANDARD

– CHILDREN

All Regional Behavioral Health Authorities (RBHAs) scored above the minimum performance score of 85 percent except Magellan at 83 percent. For the Tribal Regional Behavioral Health Authorities (TRBHAs), Gila River scored above the minimum but Pascua Yaqui fell short at 75 percent.

Statewide performance for the Regional Behavioral Health Authorities' (RBHAs) Child population indicates an overall score of 89 percent; for the Tribal Behavioral Health Authorities (TRBHAs), 94 percent.

– ADULTS

All Regional Behavioral Health Authorities (RBHAs) exceeded the minimum performance score of 85 percent. For the Tribal Behavioral Health Authorities (TRBHAs), Gila River scored above the minimum requirement but Pascua Yaqui scored below at 46 percent.

State wide performance for the Regional Behavioral Health Authorities (RBHA's) Adult population exceeded the minimum performance standard of 85 percent at 93 percent. Statewide Tribal Behavioral Health Authority (TRBHA) performance, impacted by Pascua Yaqui's low score, was 77 percent..

Calculation of FY08 performance on the Access to Care 23 Day standard is based on cumulative performance for Quarters 1 and 2. As discussed in last quarter's report, Magellan's Q108 performance cannot be broken out from the quarter's total encounter submissions for Maricopa County due to the fact that Magellan's contract was effective mid-quarter. Therefore, performance reported on the

attached spreadsheet for cumulative Q1 and 2 performances reflects only Q2 performance for Magellan.

23-DAY STANDARD

– CHILDREN

Statewide performance indicates that the overall score for the Child population fell below the minimum requirement of 85 percent at 82.11 percent. This is attributed to CBH AZ 4's non-compliance at 82% and, most significantly, the impact of Magellan's non-compliance at 69%.

– ADULTS

Statewide performance met the minimum requirement of 85 percent at 85.23 percent. CBH AZ 4 again fell short of the minimum requirement at 82% and CPSA 5 improved slightly over last quarter but is again non-compliant at 76%.

ACTIONS

ADHS/DBHS has continued to provide technical assistance to CBH AZ and CPSA in an effort to assist them in improving performance on the Access to Care 23 Day measure. As a part of that effort, in March 2008, ADHS provided both RBHAs with detailed data from CIS that ADHS/DBHS used to calculate their performances for FY07. The intent of both RBHAs is to use the ADHS/DBHS data, along with specifications contained in the ADHS/DBHS Performance Improvement Specification Manual, to align their processes with those utilized by ADHS/DBHS for evaluating performance on this standard. This will enable Cenpatico and CPSA to calculate their performance at any given time and, as indicated by their findings, pursue corrective action on the part of specific providers that will improve performance prior to ADHS/DBHS' evaluation.

In April 2008, Magellan responded to ADHS/DBHS' demand for action that will improve its data submissions. Magellan submitted a detailed plan of action it has implemented to address and resolve issues that have prevented complete and error-free data submissions.

COORDINATION OF CARE

Performance on the Coordination of Care standard is analyzed on two comprehensive areas of chart documentation:

1. Coordination of Care 1 (Referral): The disposition of the referral is communicated to the PCP/Health Plan within 30 days of the initial assessment or, if services are declined by the referred person, within 30 days of the referral. The minimum performance score for this measure is 80 percent.

DATA SOURCE

Monthly Referral Logs submitted by the RBHAs to ADHS/DBHS identifying persons referred by PCP and/or AHCCCS Health Plan. Chart Review.

2. **Coordination of Care 2 (Communication):** Behavioral health service providers communicate with and attempt to coordinate care with the behavioral health recipient's acute health plan Primary Care Provider (PCP). COC 2 measures performance on this standard for Seriously Mentally Ill (SMI) Adults or any enrolled member with a chronic medical condition diagnosis on Axis III. The minimum performance score for this measure is 70 percent.

DATA SOURCE

ADHS/DBHS Client Information System (CIS) and chart review.

COORDINATION OF CARE 1

– CHILDREN

No Regional Behavioral Health Authorities achieved the minimum performance score of 80 percent this reporting quarter. The statewide performance is 46 percent.

– ADULTS

Statewide performance this reporting quarter for adults is 41 percent. Outliers for this measure can be applied to CBH AZ 2 at 0% compliance, CPSA 5 at 18% and Magellan at a score of 27%. No contractor met the MPS of 80% on this standard in Q308.

COORDINATION OF CARE 2

– CHILDREN

Statewide performance on Coordination of Care II for children fell below the minimum performance score of 70 percent again in Q308, at 64 percent compliance.

– ADULTS

Statewide Coordination of Care II performance for adults reflected a lower rate of compliance than that of children, at 58 percent. Analysis of the distribution of compliance scores does not indicate any one Regional Behavioral Health Authority outlier on this standard.

ACTIONS

ADHS/DBHS conducted a verification review of 20 percent of the Regional Behavioral Health Authorities' Q208 Coordination of Care samples. The review was consistent with Regional Behavioral Health Authority reported performance on this standard and indicated the following areas for improvement:

- Improvement activities need to target meeting the timeframes for both standards of Coordination of Care communication as outlined in the ADHS/DBHS Provider Manual (30 days for Communication of Care 1; at least annually for Coordination of Care 2). Chart reviews indicated that not meeting the timeframes for the two standards of this measure most often contributed to non-compliance.

- Improvement efforts need to target ongoing education for all staff conducting Coordination of Care activities in completing supporting Coordination of Care documentation in its entirety;
- Regional Behavioral Health Authorities need to train front line staff on definitions of Coordination of Care and how to identify the clinical need for ongoing Coordination of Care activities for their members;
- Regional Behavioral Health Authorities need to institute processes to ensure the status of initial referral requests (Coordination of Care I) are reported back to the referral source, including the referred person refusing/not attending the scheduled appointment; and
- Regional Behavioral Health Authorities need to institute processes to ensure that attempts at ongoing communication with the PCP/Health Plan (Coordination of Care II) to coordinate member care occurs at a minimum once a year or as significant clinical events occur.

ADHS/DBHS required Corrective Action Plans (CAPs) of all RBHAs to improve performance on this measure. Corrective Action Plan interim monitoring updates are due to ADHS/DBHS Quality Management on April 30, 2008. RBHA progress on the instituted CAPs will be provided in the Q408 Quarterly Contractor Open Performance Improvement Initiatives Report. Also, Magellan, the Maricopa County RBHA, submits documentation for all new referrals from the PCP/Health Plan, along with actions taken to respond to the referrals and disposition reporting back to the PCP/Health Plan to the ADHS/DBHS/Magellan Compliance Officer in conjunction with the initiated Coordination of Care Corrective Action Plan. The status of the weekly data submissions to the ADHS/DBHS/Magellan Compliance Officer is reported to AHCCCS monthly.

APPROPRIATENESS OF SERVICES

Performance on the Appropriateness of Services standard is conducted via chart audit. Data is stratified as follows:

- Regional Behavioral Health Authority (RBHA)
- Adults
- Children
- The minimum performance score for this measure is 85 percent

DATA SOURCE

The ADHS/DBHS Office of Monitoring and Oversight reviewed forty (40) charts per Regional Behavioral Health Authority, consisting of ten (10) records per population: SMI, GMH, SA, and Child. Performance indicated for the Adult population is the aggregated performance for SMI, GMH, and SA. The Q308 chart review utilized the Administrative Review sample as a remeasurement on this standard. The sample excluded 6 charts identified as falling out of the review timeframe or reflective of the provision of a crisis service only.

– **CHILDREN**

Statewide performance fell below the minimum performance score of 85 percent in Q308 for the standard. Only CPSA 3 surpassed the minimum performance score this reporting quarter at a compliance rate of 89 percent. Analysis of the distribution of performance on this standard across Regional Behavioral Health Authorities indicates that while the remaining contractors did not meet the minimum performance score, both CPSA 5 and Magellan garnered the lowest compliance rates statewide at 42 percent and 33 percent, respectively.

– **ADULTS**

Statewide performance on this standard is below the minimum performance score of 85 percent, at 62 percent. The distribution of performance scores across Regional Behavioral Health Authorities does not identify any significant outliers, as all contractors scored lower than the established minimum performance score on this standard.

ACTIONS

The ADHS/DBHS chart audit yielded results indicating that while the Covered Services reported via encounter review in Q208 were provided to members, the submitted services/encounters were not always consistent with the identified goals and needs of the members as reflected in the individual service plans. The ADHS/DBHS Office of Monitoring and Oversight will continue chart reviews of the Regional Behavioral Health Authorities on this measure utilizing a random sample of each population in Q408 and subsequent quarters to assess and evaluate statewide performance on this standard. If no improvement is shown, a corrective action may be implemented.

SUFFICIENCY OF ASSESSMENTS

Performance on the Sufficiency of Assessments standard is measured via the ADHS/DBHS Client Information System (CIS) data validation and verified via chart review and stratified as follows:

- Regional Behavioral Health Authority
- Adults
- Children
- The minimum performance score is 85 percent.

DATA SOURCE

ADHS/DBHS Client Information System (CIS) Data and chart review verification.

– **CHILDREN**

Statewide performance on this measure for the Child population exceeded the minimum performance score of 85 percent at a rate of 97 percent compliance this reporting quarter. This continues a positive trend in compliance from the rate of 89 percent. The chart reviews conducted by the ADHS/DBHS Office of

Monitoring and Oversight indicated areas for improvement in completing timely and complete updates to the members' assessments for improved service delivery.

- **ADULTS** (inclusive of SMI, GMH and SA)
Statewide performance on this measure for the Adult population also exceeded the minimum performance score of 85 percent at a rate of 97 percent compliance, also evidencing a continued upward trend in performance. As with the Child population, chart reviews indicated areas for improvement in the timely and complete updates to members' assessments to improve the frequency and duration of services provided.

ACTIONS

ADHS/DBHS Quality Management will provide the Q308 Sufficiency of Assessments data to the ADHS/DBHS Quality Management Committee on April 23, 2008, for feedback and action. The ADHS/DBHS Office of Monitoring and Oversight review team will conduct exit interviews with appropriate RBHA staff immediately after each chart review, working with the RBHAs to ensure their Providers are given feedback to improve performance. Areas for improvement as indicated through trends identified via the chart reviews will be shared with the ADHS/DBHS Quality Management Department for inclusion in statewide performance initiatives and technical assistance provided to the RBHAs. The ADHS/DBHS review team will also work with the RBHAs to ensure Providers are given feedback to improve performance.

CONCLUSION

The methodology used to assess three of the four performance standards contained in this report is new this contract year. As discussed with AHCCCS over the past year, it is ADHS/DBHS' assertion that Regional Behavioral Health Authority performance on Coordination of Care, Appropriateness of Services, and Sufficiency of Assessments are more accurately assessed through the new methodologies rather than the previously used Independent Case Review (ICR). Ongoing assessment and evaluation of system performance and data garnered by the new methodologies indicate that focused chart reviews, conducted by ADHS/DBHS quarterly, reflects real time performance for direct, timely feedback to the Regional Behavioral Health Authorities and the use of data in ADHS/DBHS' Client Information System as incorporated into sampling design enables assessment based on a larger client base.

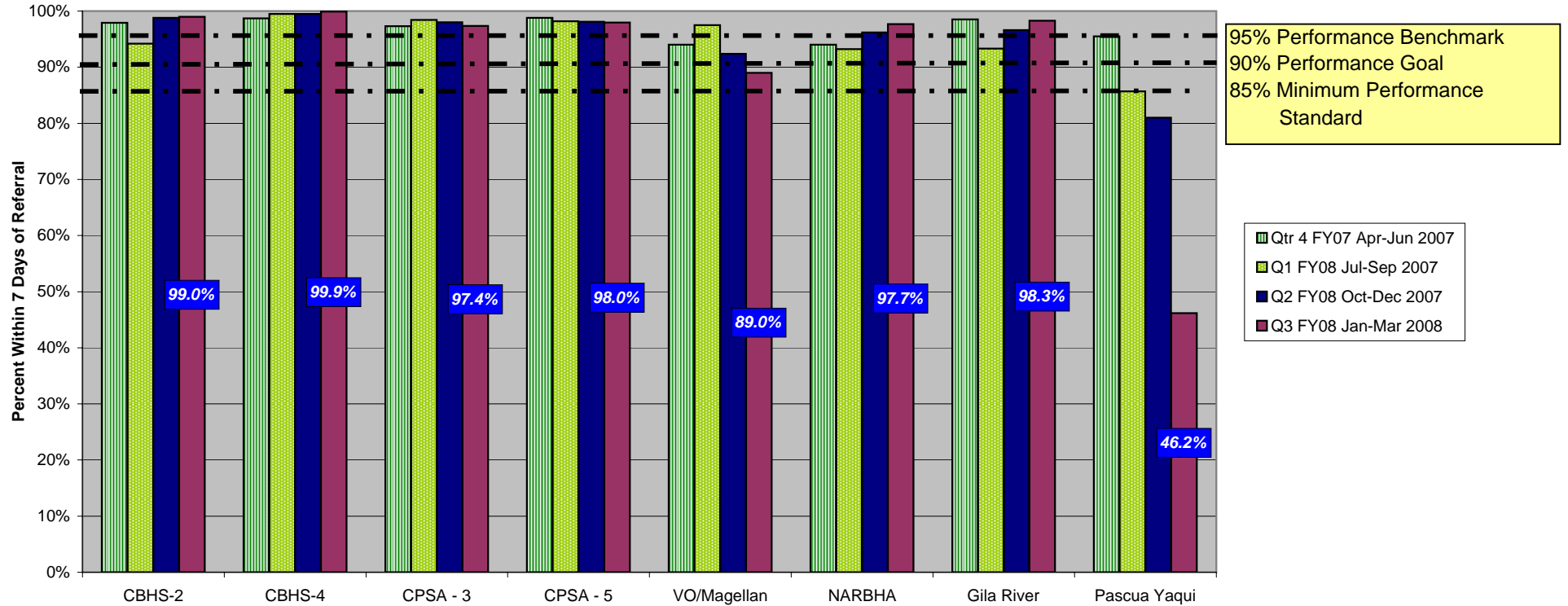
The RBHAs did not meet the minimum performance requirements for Coordination of Care 1 and Coordination of Care 2, reflecting the ongoing need for technical assistance provided by ADHS/DBHS and focused improvement efforts initiated by the Regional Behavioral Health Authorities (RBHA's) to contribute to demonstrable and sustainable improvement in statewide scores on these standards. ADHS/DBHS assesses the RBHAs' improvement activities as reflected in the approved Coordination of Care Corrective Action Plans to target ongoing areas for improvement in each RBHA and statewide. The first Coordination of Care CAP update is due to ADHS/DBHS QM on April 30, 2008,

results of which will be provided in the Q408 Quarterly Contractor Performance Improvement Activity Report.

ADHS/DBHS provides technical assistance to the Regional Behavioral Health Authorities (RBHA's) on the new methodologies and monitors their timely response in the implementation of improvement activities indicated through ongoing assessment and evaluation of performance. The quarterly chart reviews conducted by the Office of Oversight and Monitoring allows ADHS/DBHS to provide real time, system specific technical assistance to each RBHA to improve performance. Performance data is shared with the Regional Behavioral Health Authorities (RBHA's) in quarterly RBHA QM Coordinators Meetings. Additionally, this information is shared in the ADHS/DBHS QM Committee, Children's QM Committee, and RBHA team meetings to solicit real time feedback and recommendations to improve performance system wide.

Routine Appointment for Initial Assessment Within 7 Days of Referral

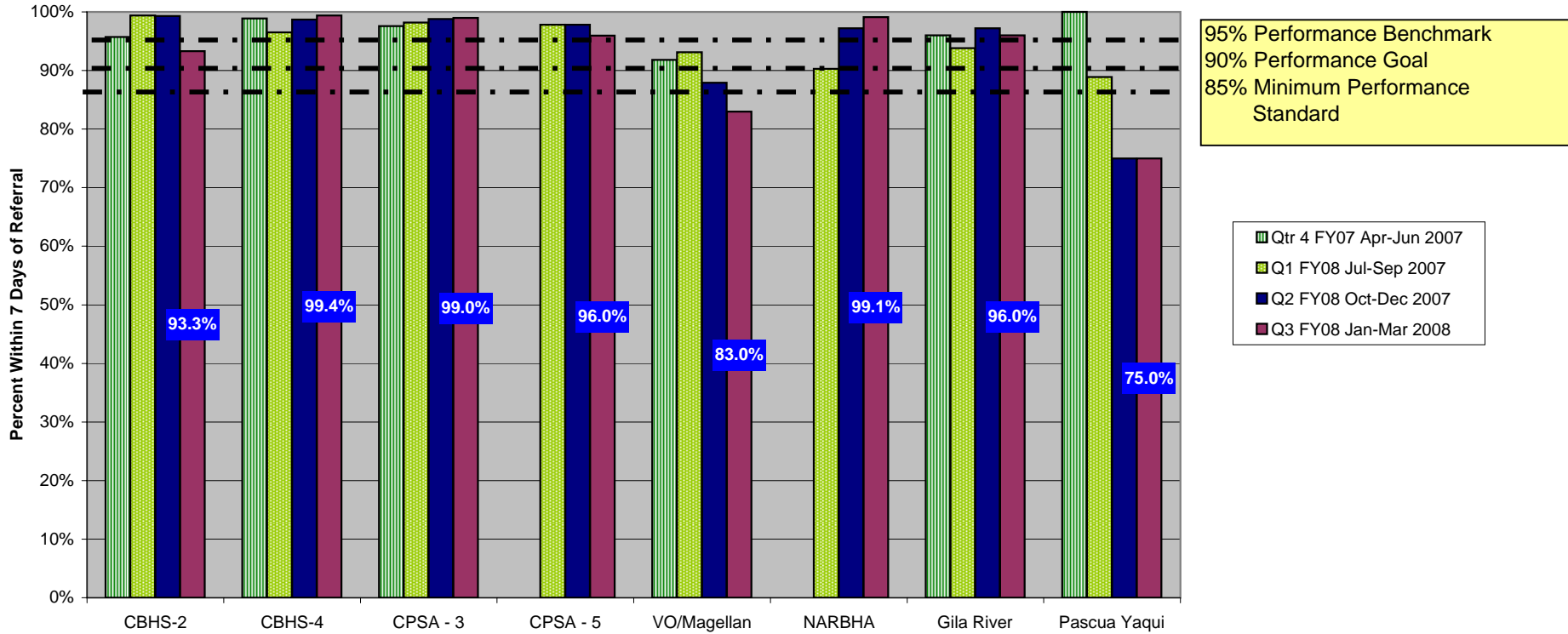
Adult Referrals - Statewide, Title XIX/XXI Clients, by GSA



Qtr 3 FY08 Jan-Mar 2008	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	Magellan	NARBHA	Statewide RBHA	Gila River	Pascua Yaqui	Statewide TRBHA
Total Adult Referrals	312	884	378	1,317	5,975	1,787	10,838	57	39	96
Quarterly Compliance	99.0%	99.9%	97.4%	98.0%	89.0%	97.7%	93.0%	98.3%	46.2%	77.1%

Routine Appointment for Initial Assessment Within 7 Days of Referral

Child Referrals - Statewide, Title XIX/XXI Clients, by GSA



Qtr 3 FY08 Jan-Mar 2008	CBHS-2	CBHS-4	CPSA - 3	CPSA - 5	Magellan	NARBHA	Statewide RBHA	Gila River	Pascua Yaqui	Statewide TRBHA
Total Child Referrals	149	526	199	1,116	3,575	807	6,386	98	12	110
Quarterly Compliance	93.3%	99.4%	99.0%	96.0%	83.0%	99.1%	89.4%	96.0%	75.0%	93.6%

Access to Care / Appointment Availability

Quarter 1 and 2 FY2008

Dates of Enrollment Reported for July 1, 2007 - December 31, 2007 - Title XIX / XXI Only

Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment

All Populations (Adult + Child)

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 85% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	1,280	1,024	80.00%	971	94.82%
CBHS 4	2,445	1,663	68.02%	1,368	82.26%
CPSA 3	1,477	1,200	81.25%	1,069	89.08%
CPSA 5	6,997	3,887	55.55%	3,116	80.16%
*Magellan	7,209	3,611	50.09%	2,947	81.61%
NARBHA	4,820	3,929	81.51%	3,403	86.61%
TOTALS	24,228	15,314	63.21%	12,874	84.07%

Adult Population

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 85% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	869	703	80.90%	661	94.03%
CBHS 4	1,532	1,082	70.63%	890	82.26%
CPSA 3	988	790	79.96%	695	87.97%
CPSA 5	4,505	2,092	46.44%	1,591	76.05%
*Magellan	4,390	2,250	51.25%	2,003	89.02%
NARBHA	3,351	2,701	80.60%	2,357	87.26%
TOTALS	15,635	9,618	61.52%	8,197	85.23%

Child Population

RBHA:	Total Enrollments	Total Usable Enrollments	Percentage of Usable Enrollments 85% Minimum Performance Standard	Of Usable Cases-The Number With Services within 23 Days	Of Usable Cases - The Percent Within 23 Days
CBHS 2	411	321	78.10%	310	96.57%
CBHS 4	913	581	63.64%	478	82.27%
CPSA 3	489	410	83.84%	374	91.22%
CPSA 5	2,492	1,795	72.03%	1,525	84.96%
*Magellan	2,819	1,361	48.28%	944	69.36%
NARBHA	1,469	1,228	83.59%	1,046	85.18%
TOTALS	8,593	5,696	66.29%	4,677	82.11%

Data Source: H78 Snap Encounter 4/9/08

*Magellan's numbers include Q208 only